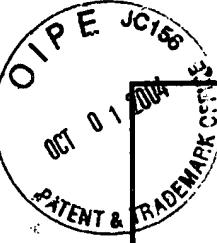


JFV

**TRANSMITTAL
FORM**

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Attorney Docket No.	PA1309 CIP (2650/52)
Application Number	10/625,809
Filing Date	JULY 23, 2003
First Named Inventor	ROBERT CAFFERATA
Group Art Unit	3738
Examiner	

ENCLOSURES (check all that apply)

<input type="checkbox"/> Amendment	<input type="checkbox"/> Assignment Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> After Final	<input type="checkbox"/> Drawings:	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input checked="" type="checkbox"/> Post Card Receipt
<input type="checkbox"/> Extension of Time Request (duplic)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input checked="" type="checkbox"/> 37 C.F.R. 1.33 Change of Correspondence Address	<input type="checkbox"/>
<input type="checkbox"/> Information Disclosure Statement, PTO-1449, art	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/>
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Request of Refund	<input type="checkbox"/>
	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 01-2525 (MEDTRONIC VASCULAR, INC.). A duplicate copy of this sheet is enclosed.	
	<input checked="" type="checkbox"/> I hereby petition under 37 CFR § 1.136(a) for any extension of time required to ensure that this paper is timely filed. Please charge any associated fees which have not otherwise been paid to Deposit Account No. 01-2525 (MEDTRONIC VASCULAR, INC.). A duplicate copy of this sheet is enclosed.	

CALCULATION OF FEE

	Claims After Amendment		Highest No. Previously Paid For	Present Extra	Small Entity	Large Entity
Total		Minus		0	x \$9= 0	x \$18=
Indep.		Minus		0	x \$43= 0	x \$86=
First Presentation of Multiple Dep. Claim						
				+\$145= ---	+ \$290=	
				total add'l fee \$ 0	total add'l fee	\$ 0

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	FRANK C. NICHOLAS Registration No. 33,983 CARDINAL LAW GROUP 1603 Orrington Avenue, Suite 2000 Evanston, IL 60201
Signature	
	Date <u>September 27, 2004</u>

MEDTRONIC CUSTOMER NO. 28390

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:	<u>September 27, 2004</u>
Signature	Date: <u>September 27, 2004</u>
FRANK C. NICHOLAS (33,983)	



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September 27, 2004
(Date of Deposit)

FRANK C. NICHOLAS (33,983)

Name of applicant, assignee or Registered Representative

Signature

September 27, 2004

Date of Signature

PATENT

Case No. PA1309 CIP

(2650/52)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

ROBERT CAFFERATA

Serial No.: 10/625,809

Examiner:

Filed: JULY 23, 2003

Group Art Unit: 3738

For: METHOD AND SYSTEM FOR TREATING
VULNERABLE PLAQUE

37 C.F.R. 1.33
CHANGE OF CORRESPONDENCE ADDRESS

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Applicant requests a change of correspondence address to:

MEDTRONIC VASCULAR, INC.

3576 Unocal Place
Santa, Rosa CA 95403

Respectfully submitted,

FRANK C. NICHOLAS
Registration No. (33,983)
Attorney for Applicant

Dated: September 27, 2004

CARDINAL LAW GROUP
1603 Orrington Avenue, Suite 2000
Evanston, IL 60201
Tel: (847) 905-7111
Fax: (847) 905-7113